



CERTIFICATE OF INSURANCE

SEE TABS STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

2/10/93

PRODUCER

First Insurance Austin
301 N. Main St.
P.O. Box 457
Austin, MN 55912
507-433-2311

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	MN School Boards Association
COMPANY LETTER	B	Insurance Trust Property & Casualty Plan
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Independent School District #492
202 4th Ave. NE
Austin, MN 55912

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	20-000327-05	07/01/92	07/01/93	BODY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PO COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
A	AUTOMOBILE LIABILITY	20-000327-05	07/01/92	07/01/93	BODY INJURY PER PERSON	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODY INJURY PER ACCIDENT	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PO COMBINED	\$ 1,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						
A	EXCESS LIABILITY	20-000327-05	07/01/92	07/01/93	BI & PO COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				\$ (EACH ACCIDENT)		
					\$ (DISEASE POLICY LIMIT)		
A	OTHER:	20-000327-05	07/01/92	07/01/93	\$ (DISEASE EACH EMPLOYEE)		
	<input checked="" type="checkbox"/> Fidelity				\$50,000 Blanket Fidelity covers employees of the District.		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The County of Mower, its officers, agents and employees are a Plan Participant (Additional Insured) under the contract but only for those programs supported by grants through the Board of Health, Mower County.

CERTIFICATE HOLDER

ATTN: Margene Gunderson
Public Health Office
1005 N. Main St.
Austin, MN 55912

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (8/84)

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